IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
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August 31, 2006

CERTIFIED MAIL #: 7003 0500 0003 1967 1220

Dawn McCoy, Administrator
Aging With Grace Adult Care Homes, Inc
495-497 Pleasant Place
Moscow, ID 83843

FILE COPY

Dear Ms. McCoy :

Based on the state licensure survey conducted by our staff at Aging With Grace Adult Care Homes, Inc on **August 25, 2006,** we have determined that the facility failed to retain a licensed administrator responsible for the day-to day operations of the facility for 30 days or more. The facility also failed to provide emergency intervention with a change in a resident's condition for 1 of 3 sampled residents and failed to update and implement the NSA to include a BMP for 1 of 3 sampled residents.

This core issue deficiency substantially limits the capacity of Aging With Grace Adult Care Homes, Inc to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **October 9, 2006. We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?

- What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **September 13, 2006,** and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**September 13, 2006**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **September 13, 2006,** your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **September 24, 2006**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Aging With Grace Adult Care Homes, Inc.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

c: Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards
Tanya McElfresh, Program Manager, Regional Medicaid Services, Region II - DHW

PRINTED: 08/30/2006
FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R780	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments The following deficiencies were cited during the standard survey conducted at your residential care/assisted living facility on August 25, 2006. The surveyors conducting your survey were: Polly Walt-Geier, LSW Team Leader Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor John Wingate, RN Health Facility Surveyor Survey Definitions: BMP = Behavior Management Plan NSA = Negotiated Service Agreement UAI = Uniform Assessment Instrument	R 000		
R 004	16.03.22.215.03 Licensed Administrator Requirement - 30 Days The facility may not operate for more than thirty (30) days without a licensed administrator. This Rule is not met as evidenced by: Based on interview and record review it was determined the facility failed to retain a licensed administrator responsible for the day-to-day operations of the facility for a period of 30 days or more. During preparation for the standard survey conducted on 8/24/06, a review of the Bureau of Occupational Licenses for Residential Care Administrators, documented the license of the	R 004	Owner is taking the IDAL-A Administrator course, which will make him a licensed ~~Admin~~ Administrator. ~~His~~ His Assistant is also going to take the course as a back up.	Oct. 9.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: President — (X6) DATE: 9/13/06

FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R786	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 004	Continued From page 1 administrator of record expired on 3/30/05. On 8/24/06 at 2:58 p.m., the facility's manager confirmed the facility had been without a licensed administrator for more than 30 days. On 8/24/06 at 3:00 p.m., the facility's owner stated the former administrator was no longer employed by the facility as of 5/30/06 or 5/31/06. He confirmed the facility had been without a licensed administrator for more than 30 days. The facility had operated for more than 30 days without a licensed administrator responsible for day-to-day operations.	R 004		
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on interview and record review it was determined the facility failed to provide emergency intervention with a change in resident condition for 1 of 3 sampled residents (#2), and the facility failed to update and implement the NSA to include a BMP for 1 of 3 sampled residents (#3). The findings include: I. Emergency Intervention Review of Resident #2's record on 8/24/06 revealed the resident was admitted on 4/26/04 with diagnoses that included dementia and coronary artery disease.	R 008	Resident #2 will be seen by his physician and evaluated. The owner, physician, & family will then discuss how the episodes will be handle appropriately. The residents blood pressure will be monitored on a regular basis & noted in the med book. A new DNR will be signed by current physician & client Rep.	

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	13R786	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, II	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 2 Review of the resident's record on 8/24/06 revealed progress notes, which documented the following: On 7/25/06 between 6:00 a.m. and 2:00 p.m., the resident "started leaning to the right, his face dropped, and he started drooling and had no strength". The resident was checked again right before lunch and "was doing really well." There were no vital signs documented. On 7/30/06 around 8:20 a.m., the resident became "unresponsive; he started making grunting noises, drooling, looking off in the distance with a blank expression on his face and at times it sounded like it was hard for him to breath. He was unresponsive for quite awhile". On 7/30/06 at 8:30 a.m., the resident's pulse was documented at 40 beats per minute and his blood pressure was 56/31. On 7/30/06 around 9:00 a.m., the resident's "eyes became responsive" but he could not talk or swallow. "He was too weak for me to transfer". On 7/30/06 at 9:20 a.m., the resident's pulse was documented at 44 beat per minute and his blood pressure was 51/31. On 7/30/06 at 9:30 a.m., the resident was unresponsive and drooling. On 7/30/06 at 9:45 a.m., the resident's face was sagging, his eyes were watering, his nose was running, and the resident continued to drool. The resident's "breathing was heavy". On 7/30/06 at 10:00 a.m., the resident continued to drool, his "face was looking better, hands	R 008		

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	13R786	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 3 squeezed tight in fists. Now responding to the television". The resident's pulse was documented at 47 beats per minute and his blood pressure was 61/35. On 7/30/06 at 10:30 a.m., the resident "is responsive, not drooling any more, he will look at you, but not really see you". On 7/30/06 at 10:50 a.m., the resident "is back". The resident's pulse was documented at 32 beats per minute and his blood pressure was 137/108. On 8/14/06 beginning at 9:45 a.m., the resident "began drooling and became unresponsive, his hands fastened onto his walker and wouldn't let go". There were no vital signs documented. On 8/14/06 at 10:15 a.m., the resident was still unresponsive and drooling. On 8/14/06 at 10:30 a.m., the resident "seemed to be asleep, would not respond to my attempts to wake him". On 8/14/06 at 11:00 a.m., the resident was still not responsive. On 8/14/06 at 11:25 a.m., the resident was back to "normal". The facility's progress notes on 7/25/06, 7/30/06, and 8/14/06 did not contain documented evidence the facility nurse, the resident's physician or authorized provider, or emergency personnel were notified of the resident's unresponsive episodes. According to the University of Utah Health Sciences Center website a normal adult blood	R 008		

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	13R786	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 4 pressure reading is 120/80, and the average heart rate for adults is approximately 72 beats per minute.; (Website - <http://health.enotes.com/surgery-encyclopedia/vital-signs>; copyright 2002.) Review of the facility's policies and procedures on 8/25/06, revealed a policy titled "Summoning Help". It documented, "when it is apparent that a resident is in need of medical help, the staff member" would call the ambulance or 911 and would stay with the resident until help arrived. On 8/24/06 at 2:37 p.m., the owner of the facility stated the resident had short-term unresponsive episodes. He stated the physician was not notified of all episodes and the resident was not seen after episodes by medical personnel. On 8/25/06 at 8:06 a.m., the owner of the facility stated he would go to the facility when the resident had an episode and he would notify the resident's family member about the episodes. He confirmed the resident had not received emergency intervention for the episodes that occurred in July 2006 and August 2006. II. Behavior Management Review of Resident #3's record on 8/24/06 revealed the resident was admitted on 7/6/05 with a diagnosis of Alzheimer's dementia. Further review of the resident's record revealed a UAI dated 7/6/05 which documented the resident required 24 hour assistance due to mild to moderate memory impairment. Further review of the resident's record revealed an NSA dated 7/6/05 which documented the	R 008		

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Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R786	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 5 resident needed assistance to stay oriented to the environment. There was no documented evidence of a BMP. The resident's record also contained progress notes, which were reviewed on 8/24/06. The notes revealed the resident displayed the following behaviors: tried to leave the facility once on 1/1/06, 1/6/06, 1/8/06, 1/16/06, 1/26/06, 3/29/06, 4/11/06, 4/14/06, 4/19/06, 4/29/06, 5/10/06, 5/11/06, 6/5/06, 6/12/06, 7/19/06, and 8/13/06; twice on 5/6/06 and 5/7/06; and seven times on 6/10/06. tried to pull the back yard fence out of the ground on 4/17/06. wandered into another resident's room on 2/28/06, 3/30/06, 6/10/06. rummaged through another resident's belongings on 6/10/06. raised his fist at a caregiver on 1/16/06. grabbed a caregiver 6/17/06. grabbed caregiver and held on for about 5 min on 7/2/06. urinated in the garbage on 4/25/06 and 6/13/06. rummaged through a caregiver's purse and pocketed her money on 5/12/06. "was trying to massage the breasts of another female resident" on 7/19/06. Additionally, the progress notes revealed the	R 008	An appointment will be set up with Clients Doctor so the ~~with Doctor~~ can give a current assessment. Then the physician, owner, staff & client Rep will meet to create a ~~behavior~~ BMP appropriate for client. Staff will be required to get training on alzheimers & document that training.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13R785	A. BUILDING _____ B. WING _____	08/25/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AGING WITH GRACE ADULT CARE HOMES, IN	495-497 PLEASANT PLACE MOSCOW, ID 83843

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 008	Continued From page 6 resident was found outside by caregivers and needed to be brought back into the facility twice on 5/9/06, and once on 6/11/06. The record also contained an incident report dated 11/28/05 at 1:50 p.m., which documented the resident had eloped. On 8/24/06 at 9:05 a.m., the resident's family member stated the resident went out of the facility occasionally. On 8/24/06 at 11:50 a.m., the administrator confirmed the resident eloped last Fall and was found several blocks away from the facility, but that more recently the resident had stopped "going for the door." The administrator also confirmed the NSA was not updated to include specific behaviors of the resident, and there was no BMP. On 8/24/06 at 2:00 p.m., the manager confirmed the resident had wandered out of the facility and could become aggressive. She also stated the NSA was not updated to include specific behaviors of the resident, and there was no BMP. The facility failed to obtain emergency intervention for Resident #2 when the resident was unresponsive and the resident's vital signs were below the normal range. The facility failed to update the NSA to include a BMP for Resident #3. As the NSA was not complete the facility could not implement an NSA that provided guidance to personnel in their provision of care and services to meet the needs of the resident for inappropriate and unsafe behaviors. These failures resulted in inadequate care.	R 008		

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Aging with Grace Adult Cmty	459-497 Pleasant Place	882-1911
Administrator	**City**	**ZIP Code**
	Moscow	83843
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Wall-Grier	Standard	9/25/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.300	The facility did not have nursing personnel on staff of under contract.	10/10/06 Per
2	16.03.22.300.01	The facility RN did not visit facility and did not complete required assessment every 90 days for 3 of 3 residents. (Resident # 1, 2 & 3)	10/10/06 Per
3	16.03.22.305.02	An RN did not assure there were current medication orders for 3 of 3 residents. (Resident # 1, 2 & 3)	10/10/06 Per
4	16.03.22.310.01	The facility did not use medi-sets or blister pack for their medication distribution system. (Resident # 1 and a random resident.)	
5	16.03.22.310.02	Unused, discontinued or outdated medications were kept in the facility for longer than 30 days. (Resident # 3)	10/10/06 Per
6	16.03.22.320.03	The NSP-sheets not reviewed & updated every 12 months or with changes in condition. For 2 of 3 residents. (Resident # 2 and 3)	

Response Required Date: 9/25/06

Signature of Facility Representative:

BFS-686

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Aging with Grace Adult Care Homes	495-497 Pleasant Place	882-1951
Administrator	**City**	**ZIP Code**
	Moscow	83843
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Standard	8/25/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
7	16.03.22.350.02	There was no investigation or written report of findings within 30 days for each accident or incident.	10/10/06 Polly
8	16.03.22.451.01	The facility did not have a Menu approved, signed or dated by registered dietician.	10/10/06 Polly
9	16.03.22.451.03	The facility did not have a therapeutic menu planned, approved, signed or dated. (Resident #1)	corrected at site BPS
10	16.03.22.600.02	The facility did not have specialized training documented for dementia and mental illness.	
11	16.03.22.600.04	The Uniform Assessments were not reviewed every 12 months or with a change in condition.	
12	16.03.22.710.04	There were no results of any historical physical performed by a physician or an authorized practitioner within 6 months of admission.	10/10/06 Polly
13	16.03.22.711.09	The accident care record did not contain a current risk determination or client signed/dated behavior agreement. (Resident #1)	10/10/06 Polly

Response Required Date	Signature of Facility Representative
9/25/06	

BFS-686

5.04

IDAHO DEPARTMENT OF HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
~~Assisted~~ Aging with Grace	459-497 Pleasant Ave	882-1951
Administrator	**City**	**ZIP Code**
	Moscow	83843
Survey Team Leader	**Survey Type**	**Survey Date**
Kelly Watt-Geier	Standard	9/25/06

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
14	16.03.22.730.01.g	One of two staff did not have criminal history clearance.	
15	16.03.22.730.01-b	No documentation by the RN of delegation to unlicensed staff to assist with medication or other nursing tasks.	10/10/06 PM
16	16.03.300.01	There was no delegation of nursing functions by an RN to unlicensed personnel	10/10/06 PM

Response Required Date	Signature of Facility Representative
9-25-06	

BFS-636

5/04